

# Module 3: TRICARE Options

# Module Objectives

**After this module, you should be able to:**

- Describe some of the key features of the TRICARE Standard, Extra, and Prime options
- Outline the charges associated with these TRICARE options
- List some of the TRICARE provider types



# TRICARE

In 1993, the following three TRICARE basic options were introduced:

- **TRICARE Standard, a fee-for-service option**
- **TRICARE Extra, a preferred provider option**
- **TRICARE Prime, a managed care option**

There are certain costs and advantages associated with each of these options



# TRICARE Standard

- TRICARE Standard is a fee-for-service option, which offers the greatest flexibility but may require the beneficiary to pay up front and file for reimbursement
- Beneficiaries using TRICARE Standard pay higher out-of-pocket costs per visit compared to the other basic TRICARE options
- TRICARE Standard beneficiaries have the freedom to choose any TRICARE-authorized provider for TRICARE-covered services
- An advantage of using the TRICARE Standard option is the freedom to choose from a larger provider pool without having to get prior authorization for most TRICARE-covered medical services



# TRICARE Standard

## Eligibility

- Must be registered in DEERS
- Available to the following beneficiary categories (based on eligibility):
  - Active duty family members
  - Retirees and their family members
  - Survivors
  - Medal of Honor recipients and their families
  - Family members of National Guard/Reserve members who are activated for more than 30 consecutive days

## Enrollment

- No enrollment forms or fees

## Military Treatment Facility (MTF) Access

- On a space-available basis



# TRICARE Standard Costs

Status	Active duty family members of E1-E4	Active duty family member of E5 and above	Retirees/retiree family members and survivors
Enrollment Fee	\$0	\$0	\$0
Cost Share after Deductibles	20% of the TRICARE allowable charge	20% of the TRICARE allowable charge	25% of the TRICARE allowable charge
Deductibles	\$50 for individuals/ \$100 for families	\$150 for individuals/ \$300 for families	\$150 for individuals/\$300 for families
Catastrophic Cap	\$1,000 per family per fiscal year	\$1,000 per family per fiscal year	\$3,000 per family per fiscal year

**NOTE:** A catastrophic cap is the maximum amount per fiscal year a beneficiary pays out-of-pocket for TRICARE-covered services or supplies.



# TRICARE Extra

- TRICARE Extra is a preferred provider option, which allows beneficiaries to receive maximum benefits by using a network provider
- When TRICARE Standard beneficiaries receive care from a TRICARE network provider, they are using the TRICARE Extra option for that episode of care
- The advantage of using a TRICARE network provider is that the TRICARE Standard beneficiary receives a five percent discount off their cost share



# TRICARE Extra

## Eligibility

- Must be registered in DEERS
- Available to the following beneficiary categories (based on eligibility):
  - Active duty family members
  - Retirees and their family members
  - Survivors
  - Medal of Honor recipients and their families
  - Family members of National Guard/Reserve members who are activated for more than 30 consecutive days

## Enrollment

- No enrollment fees or forms

## MTF Access

- On a space-available basis





# TRICARE Extra Costs

Status	Active duty family member of E1-E4	Active duty family member of E5 and above	Retirees/retiree family members and survivors
<b>Enrollment Fee</b>	\$0	\$0	\$0
<b>Cost Share after Deductibles</b>	15% of the fee negotiated by the regional contractor	15% of the fee negotiated by the regional contractor	20% of the fee negotiated by the regional contractor
<b>Deductibles</b>	\$50 for individuals/ \$100 for families	\$150 for individuals/ \$300 for families	\$150 for individuals/ \$300 for families
<b>Catastrophic Cap</b>	\$1,000 per family per fiscal year	\$1,000 per family per fiscal year	\$3,000 per family per fiscal year

**NOTE:** The catastrophic cap is the maximum amount per fiscal year a beneficiary pays out-of-pocket for TRICARE-covered services or supplies.



# TRICARE Prime

- TRICARE Prime is a managed care similar to a civilian health maintenance organization (HMO)
- TRICARE Prime enrollees get their routine and urgent medical care delivered and/or managed by their assigned Primary Care Manager
- Prime enrollees may receive care at a Military Treatment Facility (MTF) or from any civilian TRICARE-network provider
- An advantage of using the TRICARE Prime option is that it offers the lowest out-of-pocket costs per episode of care when compared to the other TRICARE options



# TRICARE Prime

## Eligibility

- Must be registered in DEERS
- Available to the following beneficiaries:
  - Active duty service members (the *only* option available to them)
  - Active duty family members
  - Retirees and their family members under age 65
  - Survivors under age 65
  - Certain former spouses under age 65
  - Medal of Honor recipients and their family members under age 65
  - Members of the National Guard/Reserve and their family members
    - Only when the sponsor is on active duty orders for more than 30 consecutive days

## Enrollment

- Enrollment is required
  - Retirees and retiree family members pay an annual enrollment fee

## MTF Access

- Have priority access to care at military treatment facilities



# TRICARE Prime Costs

Status	Active duty family members of E1-E4	Active duty family member of E5 and above	Retirees/retiree family members and survivors
<b>Enrollment Fee</b>	\$0	\$0	\$230 - individual \$460 - family
<b>Co-payments</b>	\$0	\$0	\$12 - outpatient visit \$17 - mental health group visit \$20 - ambulance service occurrence \$25 - mental health individual visit \$30 - emergency room visit
<b>Deductibles</b>	\$0	\$0	0
<b>Catastrophic Cap</b>	\$1,000 per family	\$1,000 per family	\$3,000 per family per year

**NOTE:** The catastrophic cap is the maximum amount per fiscal year a beneficiary pays out-of-pocket for TRICARE-covered services or supplies.



# TRICARE Prime

The following beneficiaries **must** enroll in TRICARE Prime:

- **Active duty service members (ADSMs)**
  - TRICARE Prime is their only TRICARE option
- **National Guard members**
  - When on federal orders for more than 30 consecutive days
- **Reservists**
  - When on federal orders for more than 30 consecutive days



# TRICARE Prime

## Enrollment Process:

- All Prime-eligible beneficiaries must complete an enrollment form, which may be:
  - Submitted to regional contractor via mail
  - Submitted to local TRICARE Service Center
  - Completed online via Beneficiary Web Enrollment Website
    - Retirees and retiree family members must also submit an initial 3-month payment
- Enrollment in TRICARE Prime follows the **20<sup>th</sup>-of-the-month rule\***
  - When enrollment form is submitted before the 20<sup>th</sup> of the month, Prime coverage begins on the first day of the next month
  - When enrollment form is submitted on the 21<sup>st</sup> through the end of the month, Prime coverage begins on the first day of the second month

**\*NOTE:** The 20<sup>th</sup> of the month rule does not apply to active duty service members; active duty service members are enrolled immediately



# Choosing the Right Option

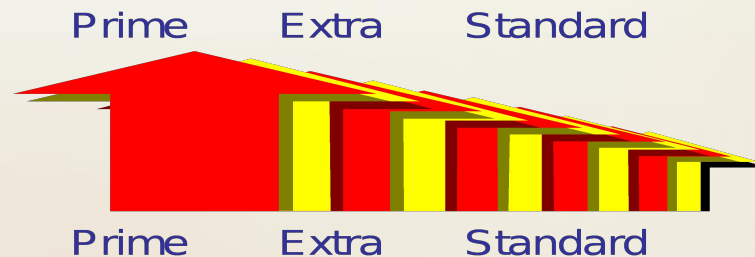
Understanding some of the key features of each of the basic TRICARE options will help you choose the right option for yourself and your family members

- If freedom of choice from a larger provider pool is most important to you, TRICARE Standard will likely be your choice
- If freedom of choice within the TRICARE network and cost share discounts are important to you, TRICARE Extra will likely be your choice
- If priority access to care within the military treatment facility, cost savings, and having your medical care managed are most important to you, TRICARE Prime will likely be your choice

## Freedom of Choice

## Access to MTF

## Cost



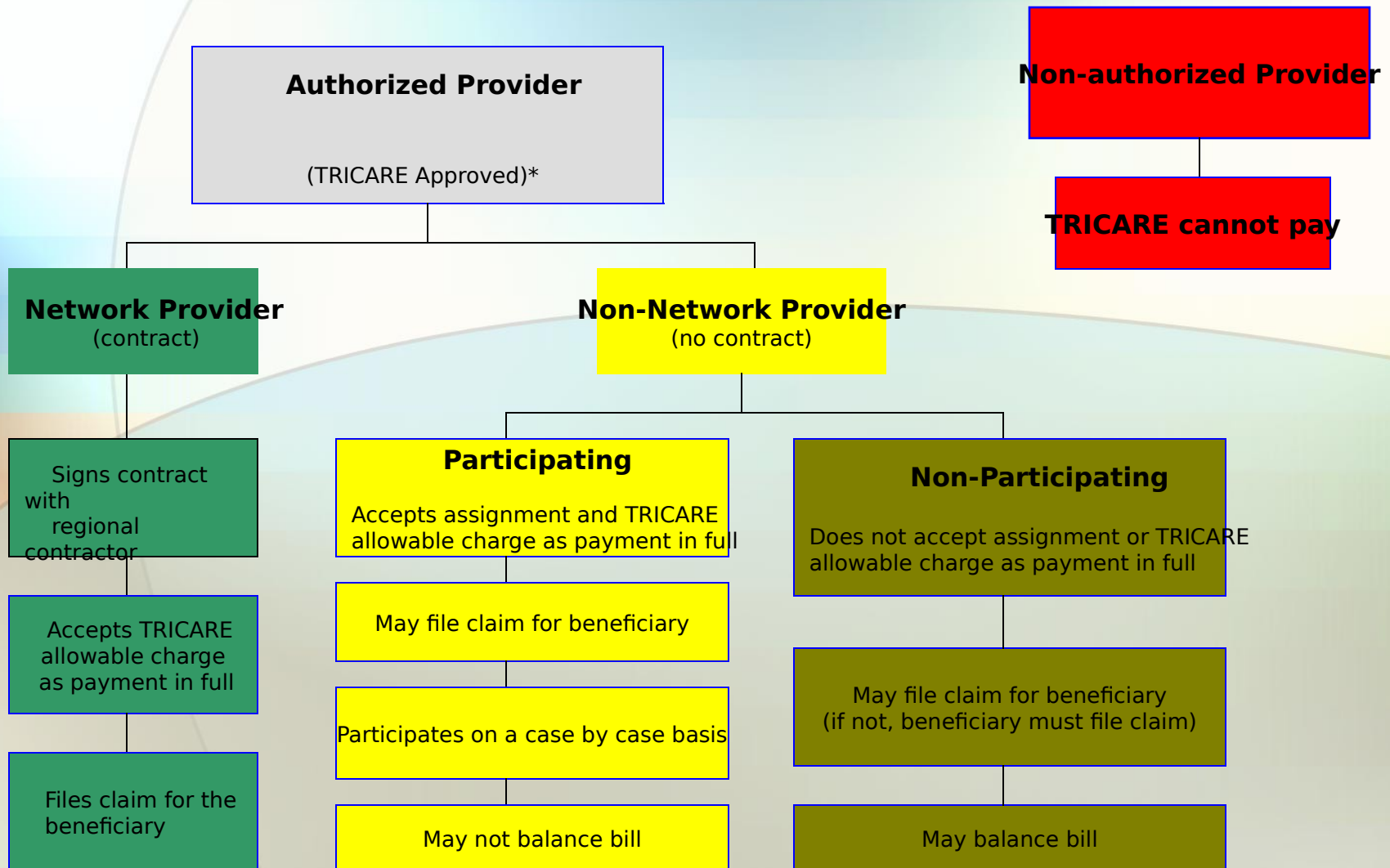
Prime

Extra

Standard



# Types of Providers



**\*Note: Medicare certified providers are considered TRICARE authorized per CFR 199.6 - Authorized Providers**



# Authorized Providers

- Authorized providers are individuals, institutions, organizations, or suppliers of medical equipment who are certified to provide medical care and supplies to TRICARE beneficiaries
- They must meet the following criteria:
  - Licensure by the state, or
  - Accreditation by a national organization, or
  - Meet other standards of the medical community
- Before receiving care, beneficiaries verify with the provider if they are a TRICARE-authorized provider. If the provider is not, TRICARE will not cover the services



# Network and Non-Network Providers

- **Network providers** serve TRICARE beneficiaries through a contractual agreement with the regional contractor, which makes them a member of the TRICARE Prime network
- **Non-network providers** have no contractual agreement with the regional contractor; however, they may still serve TRICARE beneficiaries. There are two types of non-network providers:
  - **Participating, non-network provider**
    - Agree to treat TRICARE beneficiaries on a case-by-case basis
    - Agree to accept the TRICARE allowable charge as payment in full
  - **Non-participating, non-network provider**
    - Agree to treat TRICARE beneficiaries on a case-by-case basis
    - Does not accept the TRICARE allowable charge as payment in full
    - May charge the beneficiary 15% more than the TRICARE allowable charge, (which is referred to as balance billing) but may not balance bill more than 15%



# **You've Completed Module 3: TRICARE Options**

## **You should now be able to:**

- Describe some of the key features of each of the TRICARE Standard, Extra, and Prime options
- Outline the charges associated with these TRICARE options
- List some of the TRICARE provider types

